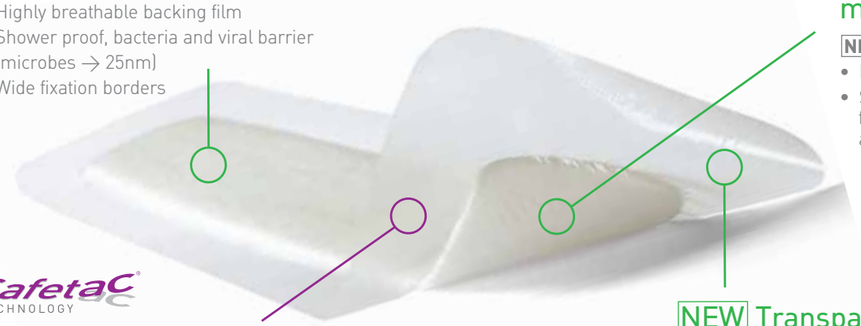
Mepilex® Border Post-Op

The flexible absorbent all-in-one post-op dressing with Safetac® technology and flex innovation

Supports longer wear time

- Highly breathable backing film
- Shower proof, bacteria and viral barrier (microbes → 25nm)
- Wide fixation borders



Safetac® TECHNOLOGY

Clinically shown to minimize dressing-related skin damage

- Minimizes incidence of blisters[1]
- Minimizes pain and trauma at dressing change[2]
- Does not adhere to the moist wound bed but to dry skin only[3]
- Seals the wound margins and reduces risk of maceration[4,5,6]
- Minimizes risk of adherence to sutures and staples[1]
- Can be lifted and adjusted without losing its adherent properties

Supports early patient mobilization

NEW Unique flex-cut pad

- Multi-directional stretching
- Super-absorbent fibres optimized for post-op use and blood absorption[7]

NEW Transparent Border

- Allows inspection of periwound skin without removal

NEW 3-Part Release Liner

- Easier application

Frequency of change

Mepilex® Border Post-Op may be left in place for several days depending on the condition of the wound and the surrounding skin, or as indicated by accepted clinical practice.

Mepilex® Border Post-Op Assortment (Sterile packed)

Art no.	Size cm	Pcs/Box	Pcs/Case
496100	6 x 8	10	80
496200	9 x 10	10	70
496300	10 x 15	10	100
496400	10 x 20	10	120
496450	10 x 25	10	60
496600	10 x 30	10	40
406650	10 x 35	NEW PCS/BOX 5	NEW PCS/CASE 55

References:

1. Johansson C. et al. An assessment of a self-adherent, soft silicone dressing in post operative wound care following hip and knee arthroplasty. Poster presentation at EWMA, Brussels, Belgium 2012. **2.** White R. A multinational survey of the assessment of pain when removing dressings. Wounds UK, 2008. **3.** White R. et al. Evidence for atraumatic soft silicone wound dressing use. Wounds UK, 2005. **4.** Meaume S. et al. A study to compare a new self adherent soft silicone dressing with aself adherent polymer dressing in stage II pressure ulcers. Ostomy Wound Management, 2003. **5.** Feili F et al. Retention capacity. Poster presentation at the EWMA conference, Lisbon, Portugal 2008. **6.** Wiberg A.B. et al. Preventing maceration with a soft silicone dressing: in-vitro evaluations. Poster presented at the 3rd Congress of the WUWHS, Toronto, Canada, 2008. **7.** Davies P. et al. Evidence review: the clinical benefi ts of Safetac technology in wound care. Journal of Wound Care, 2008. **8.** Santamaria N. et al. Clinical effectiveness of a silicone foam dressing for the prevention of heel pressure ulcers in critically ill patients: Border II Trial. Journal of Wound Care, 2015. **9.** Santamaria N. et al. An estimate of the potential budget impact of using prophylactic dressings to prevent hospital-acquired PUs in Australia. Journal of Wound Care, 2014.

Proven choice for a better outcome

Safetac*, pioneered by Mölnlycke, delivers above and beyond the ordinary. Proven to help optimize the wound healing journey and even prevent wounds, dressings with Safetac are the safe choice for patients and a champion for higher standards in wound care.

In fact, we have a wealth of evidence that supports the clinical and economic benefits of dressings with Safetac, including Mepilex®, Mepitel®, Mepiform® and Mepitac®. To date, these dressings have helped millions of patients worldwide[7-9].

Safetac® TECHNOLOGY

* A unique proprietary technology exclusive to Mölnlycke Health Care

Mepilex® Border Post-Op
Application Guide

Mölnlycke®

BEFORE

Start by cleansing the wound in accordance with normal procedures and make sure the surrounding skin is completely dry before application.

Select an appropriate dressing size according to the incision by making sure that the wound pad will overlapthe wound by at least 1–2 cm.

Open the sterile packaging and remove the dressing.

Don't stretch the dressing while applying and avoid wrinkles.

1	2	3

HIP

Remove the middle part of the release film and apply the dressing on the right position.

Remove the larger of the remaining films continuously while applying the dressing. Repeat for the smaller film and reposition if needed.

Finalize the application by stroking the full dressing area for maximal adherence.

KNEE

Remove the middle part of the release film and apply the dressing on the right position.

Remove the larger of the remaining films continuously while applying the dressing. Repeat for the smaller film and reposition if needed.

Finalize the application by stroking the full dressing area for maximal adherence.

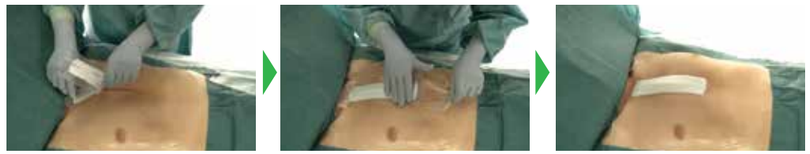
C-SECTION

Remove the middle part of the release film and apply the dressing on the right position.

Remove the larger of the remaining films continuously while applying the dressing. Repeat for the smaller film and reposition if needed.

Finalize the application by stroking the full dressing area for maximal adherence.

CARDIAC (Chest)

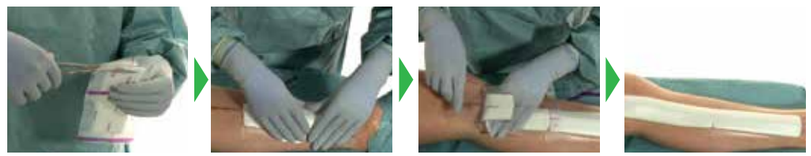


Remove the middle part of the release film and apply the dressing on the right position.

Remove the larger of the remaining films continuously while applying the dressing. Repeat for the smaller film and reposition if needed.

Finalize the application by stroking the full dressing area for maximal adherence.

CARDIAC (Leg)



Before removing the release film; cut the border on the side (without the purple line) without cutting into the wound pad.

Remove the middle part of the release film and apply the cut dressing on the right position. Then remove the larger of the remaining films continuously while applying the dressing. Repeat for the smaller film and reposition if needed.

Apply the second dressing without cutting it and make sure the wound pad edges overlap slightly.

Finalize the application by stroking the full dressing areas for maximal adherence.

CEWC00542006

Preventing complications **for a smooth recovery**

The absorbent, gently adhesive dressing that prevents dressing-related skin damage and helps reduce the risk of SSIs. (Surgical Site Infections)

Preventing skin damage[10-13]

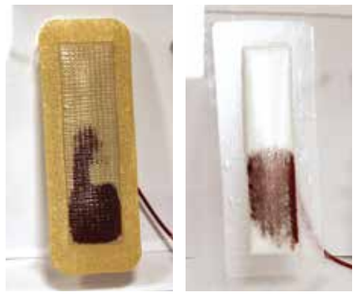
Dressings that adhere aggressively have been shown to cause skin damage such as stripping and blisters, which compromise the skin barrier and increase the risk of infection.[14,15] Thanks to its Safetac interface, Mepilex Border Post-Op minimizes risk of skin damage, safeguarding skin integrity.[10-12]

Two randomized trials[11,13]
One prospective trial[12]
One observational trial[10]
No blisters.

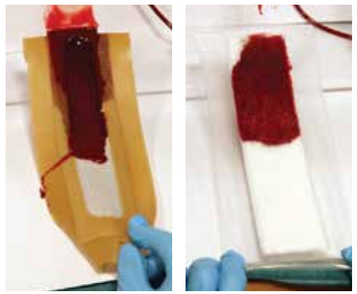
At the end of five separate trials, patients treated with Mepilex Border Post-Op showed no signs of blistering.

Reducing the risk of wound contamination

The dressings have absorbed 20 ml of blood



After 15 minutes, the dressings are removed



Fibre/ hydrocolloid post-op dressing

Mepilex Border Post-Op effectively wicks fluid away from the wound

What do clinical trials say about Mepilex Border Post-Op?

Vs Aquacel® Surgical in randomized trial[16]

Mepilex Border Post-Op outperformed Aquacel Surgical dressing in terms of ease of application and removal, ability to handle blood, prevention of dressing residuals, patient satisfaction of wearing the dressing during rehabilitation and patients' overall experience of the dressing.

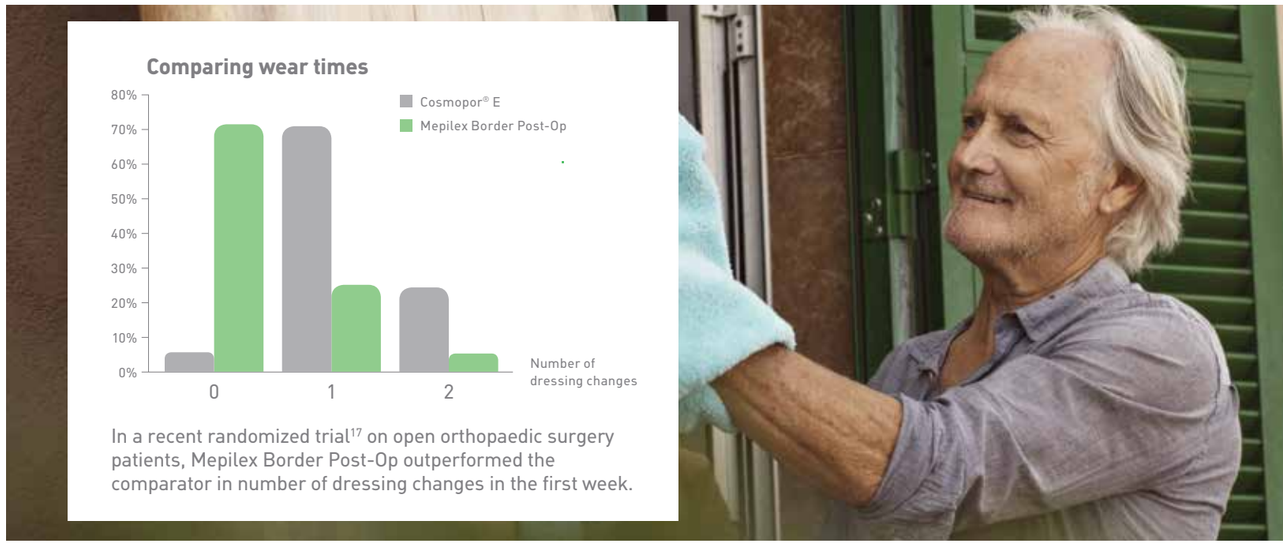
Vs Cosmopor® E (island dressing) in one randomized and one prospective, non-randomized trial[16,17]

Mepilex Border Post-Op caused no damage to the peri-wound skin. The wear time was significantly longer than for Cosmopor E – leading to less total cost. Both patients and clinician were significantly more satisfied with Mepilex Border Post-Op.

Published evidence in summary

In two randomized trials, Mepilex Border Post-Op eliminated the risk of post-operative blistering and provided longer wear time and superior absorption.[16,17]

Mepilex Border Post-Op was preferred by clinicians because it stayed on well,[19-21] was easy to handle, was removed with minimized pain and supported the critically important patient rehabilitation. [16-21]



In a recent randomized trial[17] on open orthopaedic surgery patients, Mepilex Border Post-Op outperformed the comparator in number of dressing changes in the first week.

What do patients say about Mepilex Border Post-Op?

Mölnlycke Safetac technology allows dressings to be changed without damaging the wound or surrounding skin. Mepilex Border Post-Op has a Safetac layer that improves patient comfort during dressing changes by avoiding pain[16-18] – and the difference in the standard of care is noticed and appreciated by patients:

- Patients rated Mepilex Border Post-Op highest in terms of comfort and overall satisfaction.[16-18]
- Application and removal of the dressing was considered virtually painless by almost all patients.[16-18]
- Patient satisfaction of wearing the dressing during rehabilitation was significantly higher for Mepilex Border Post-Op compared to Aquacel® Surgical.[16]

References:

10. Johansson C. et al. Preventing post-operative blisters following hip and knee arthroplasty. Wounds International, 2012. **11.** Van Overschelde, P. et al. A randomised controlled trial comparing two wound dressings used after elective hip and knee arthroplasty. Poster presentation at 5th Congress of the WUWHS, Florence, Italy, 2016. **12.** Zarghooni K. et al. Effect of a modern dressing compared to standard dressings on outcome after primary hip and knee arthroplasty: a prospective, non-randomised controlled study. E-poster presentation at EWMA, 2015. **13.** Bredow, J et al. Randomized clinical trial to evaluate performance of flexible self-adherent absorbent dressing coated with silicone layer after hip, knee or spinal surgery in comparison to standard wound dressing. Poster presentation at 5th Congress of the WUWHS, Florence, Italy, 2016. **14.** Eastburn, S. et al. A review of blisters caused by wound dressing components: can they impede post-operative rehabilitatoon and discharge? International Journal of Orthopaedic and Trauma Nursing, 2016. **15.** Gupta, S.K. et al. Postoperative wound blistering: is there a link with dressing usage? Journal of Wound Care, 2002. **16.** Van Overschelde, P. et al. A randomised controlled trial comparing two wound dressings used after elective hip and knee arthroplasty. Poster presentation at 5th Congress of the WUWHS, Florence, Italy, 2016. **17.** Bredow, J. et al. Randomized clinical trial to evaluate performance of flexible self-adherent absorbent dressing coated with silicone layer after hip, knee or spinal surgery in comparison to standard wound dressing. Poster presentation at 5th Congress of the WUWHS, Florence, Italy, 2016. **18.** Zarghooni, K. et al. Effect of a modern dressing compared to standard dressings on outcome after primary hip and knee arthroplasty: a prospective, non-randomised controlled study. E-poster presentation at EWMA conference, London, United Kingdom, 2015. **19.** Feili, F. et al. A laboratory valuation of the fluid retention properties of post-operative absorbent dressings. Poster presentation at 5th Congress of the WUWHS, Florence, Italy, 2016. **20.** Feili, F. et al. Fluid handling properties of post-operative wound dressings. Poster presentation at 5th Congress of the WUWHS, Florence, Italy, 2016. **21.** Feili, F. et al. Fluid handling properties of antimicrobial post-operative wound dressings. Poster presentation at 5th Congress of the WUWHS, Florence, Italy, 2016.